

07071999-90013-015-\$150.00-\$150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J36438**

1. Corporation Name

SWEDISH IMPORTS REPAIR AND SERVICE, INC.

## Principal Place of Business

4748 NE 12TH AVE.  
FORT LAUDERDALE FL 33334

## Mailing Address

4748 NE 12TH AVE.  
FORT LAUDERDALE FL 33334

## 2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

## 2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

## 9. Name and Address of Current Registered Agent

BASSANO, RALPH  
1311 NORTHEAST 46TH STREET  
FORT LAUDERDALE FL 33334

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                    |
|----------------------------|---------------------|---|--------------------|
| TITLE                      | PD                  | <input type="checkbox"/> DELETE                       | 1.1 TITLE          |
| NAME                       | BASSANO, RALPH      |   | 1.2 NAME           |
| STREET ADDRESS             | 1311 NE 46TH STREET |   | 1.3 STREET ADDRESS |
| CITY-ST-ZIP                | FT LAUDERDALE FL    |   | 1.4 CITY-ST-ZIP    |
| TITLE                      | SD                  | <input type="checkbox"/> DELETE                       | 2.1 TITLE          |
| NAME                       | BASSANO, DOROTHY    |   | 2.2 NAME           |
| STREET ADDRESS             | 1311 NE 46TH STREET |   | 2.3 STREET ADDRESS |
| CITY-ST-ZIP                | FT LAUDERDALE FL    |   | 2.4 CITY-ST-ZIP    |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 3.1 TITLE          |
| NAME                       |                     |   | 3.2 NAME           |
| STREET ADDRESS             |                     |   | 3.3 STREET ADDRESS |
| CITY-ST-ZIP                |                     |   | 3.4 CITY-ST-ZIP    |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 4.1 TITLE          |
| NAME                       |                     |   | 4.2 NAME           |
| STREET ADDRESS             |                     |   | 4.3 STREET ADDRESS |
| CITY-ST-ZIP                |                     |   | 4.4 CITY-ST-ZIP    |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 5.1 TITLE          |
| NAME                       |                     |   | 5.2 NAME           |
| STREET ADDRESS             |                     |   | 5.3 STREET ADDRESS |
| CITY-ST-ZIP                |                     |   | 5.4 CITY-ST-ZIP    |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 6.1 TITLE          |
| NAME                       |                     |   | 6.2 NAME           |
| STREET ADDRESS             |                     |   | 6.3 STREET ADDRESS |
| CITY-ST-ZIP                |                     |   | 6.4 CITY-ST-ZIP    |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-99 954-712-0009  
Date Daytime Phone #

CR2E034 (1198)

**FILED**  
**Jul 07, 1999 8:00 am**  
**Secretary of State**

07-07-1999 90013 015 \*\*\*150.00

07-21-1999 90009 010 \*\*\*400.00